



Attorney Docket No.: YOR919990357US1 (8728-320)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT(S): Gschwind Examiner: Meonske, Tonia L.  
SERIAL NO.: 09/492,544 Group Art Unit: 2183  
FILED: January 27, 2000 Dated: May 24, 2004  
FOR: METHODS FOR RENAMING A MEMORY REFERENCE TO  
STACK LOCATIONS IN A COMPUTER PROCESSING SYSTEM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

MAY 28 2004

Technology Center 2100

**AMENDMENT TRANSMITTAL FORM**

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. §§1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity under 37 C.F.R. §§1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS*	37	39	0	x 9 =	\$0	x 18 =	\$0
INDEPENDENT CLAIMS	4	4	0	x 43 =	\$0	x 86 =	\$0
<input type="checkbox"/> First Presentation of Multiple Dep. Claim				140		290	\$0

\* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 24, 2004.

Dated: May 24, 2004

  
Nathaniel T. Wallace

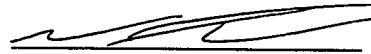
[X] Please charge Deposit Account No. 50-0510/IBM (Yorktown Heights) in the amount of \$ 226.00. Two (2) copies of this sheet are enclosed.

[ ] A check in the amount of \$ \_\_\_\_\_ is enclosed.

[X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. §§1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-0510/IBM (Yorktown Heights). Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-0510/IBM (Yorktown Heights) therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

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Respectfully submitted,



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